

**WILLIAMSBURG DEPARTMENT OF RECREATION
VOLLEYBALL TEAM ROSTER**

Team Name _____

Coach _____

Phone # (H) _____

Address - _____

(W) _____

(City) _____ (Zip) _____

E-mail Address _____

League Entered _____

	PLAYER'S NAME	ADDRESS	PHONE NUMBER	CITY CTY
1.				
2.				
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As a coach, I will support the Williamsburg Recreation Department by striving to abide by its rules and regulations, by encouraging good sportsmanship among my players, by discouraging disruptive behavior, and by supporting the sanctions imposed by the Department.

COACH

ASSISTANT COACH (If Applicable)

TEAM # _____